

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-876)</small>							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/070742</div>	FILING DATE <div style="font-size: 1.2em; font-weight: bold;">30 APR 2002</div>					
							APPLICANT(S) <div style="font-size: 1.2em; font-weight: bold;">Jony</div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.				22			TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						